

NC-TOPPS Mental Health and Substance Abuse

Adult (Ages 18 and up)

Initial Interview

****Use this form for backup only. Do not mail. Enter data into web-based system. (<https://nctopps.ncdmh.net>)**

Clinician First Initial & Last Name

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LME Assigned Consumer Record Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Reporting Unit

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Please provide the following information about the individual:

1. Date of Birth

				/			/				
--	--	--	--	---	--	--	---	--	--	--	--

2. County of Residence:

3. Gender

☐ Male ☐ Female

4. Is this a LME enrolled consumer?

☐ Y ☐ N ☐ Don't know

5. Please select the appropriate age/disability category(ies) for which the individual will be receiving services and supports. (mark all that apply)

☐ Adult Mental Health, age 18 and up

☐ Adult Substance Abuse, age 18 and up

b. If both Mental Health and Substance Abuse, is the treatment at this time mainly provided by a...

☐ qualified professional in substance abuse

☐ qualified professional in mental health

☐ both

6. IPRS Target Populations (mark all that apply)

☐ ASCDR ☐ AMSPM

☐ ASCJO ☐ AMSMI

☐ ASDSS ☐ AMPAT

☐ ASDWI ☐ AMDEF

☐ ASHMT ☐ AMOLM

☐ ASWOM ☐ AMSRE

☐ ASDHH ☐ ADSN

☐ ASHOM ☐ ADMRI

☐ ASTER ☐ None of the above

b. If ASCDR, what is the individual's IPRS

Communicable Disease Status? (mark all that apply)

☐ HIV

☐ TB

☐ Hepatitis

☐ Injection drug use (IDU)

☐ Methadone

7. Assessments of Functioning

a. Current Global Assessment of Functioning (GAF) Score

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

8. Please indicate the DSM-IV TR diagnostic classification(s) for this individual. (See Attachment I)

9. Special Populations (mark all that apply)

☐ DWI

☐ SSI/SSDI

☐ Traumatic Brain Injury (TBI)

☐ Work First

☐ H or I Felon and Food Stamps

☐ Deaf/hard of hearing

☐ Juvenile Justice

☐ Criminal Justice

☐ Non-English Speaking

☐ Homeless

☐ Blind

☐ Sex Offender

☐ Outpatient Commitment

☐ Child Protective Services (CPS)

☐ None of these

10. Special Programs (mark all that apply)

☐ TASC

☐ Methadone

☐ Buprenorphine

☐ CASAWORKS Residential

☐ Assertive Community Treatment (ACT)

☐ Community Support Team (CST)

☐ Jail diversion

☐ Psychosocial Rehab (PSR)

☐ Intensive in-home

☐ Methamphetamine Treatment

Initiative

☐ Maternal/Pregnant

☐ None of these

11. For AMOLM individual:

Please specify: (a) from which institution the individual was discharged and (b) the date of discharge:

☐ Broughton Hospital

☐ Cherry Hospital

☐ Dorothea Dix Hospital

☐ John Umstead Hospital

☐ Whitaker School

☐ Wright School

b. Date of Discharge

			/			/					
--	--	--	---	--	--	---	--	--	--	--	--

12. For Adult SA individual:

Please indicate the individual's Primary (required), Secondary (if applicable), and Tertiary (if applicable) substance problems by entering a "1" for Primary, "2" for Secondary, and "3" for Tertiary.

☐ Alcohol

☐ Marijuana/
Hashish

☐ Cocaine/Crack

☐ Methamphetamine

☐ Heroin

☐ Other Opiates/
Opioids

☐ Non-Prescription
Methadone

☐ PCP-Phencyclidine

☐ Other Hallucinogens

☐ Other
Amphetamines

☐ Other Stimulants

☐ Benzodiazepine

☐ Other
Non-Benzodiazepine
Tranquilizers

☐ Barbiturates

☐ Other
Non-Barbiturate
Sedatives or
Hypnotics

☐ Inhalants

☐ Over-the-Counter

☐ Other Drug

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13. For Adult SA individual:

Please indicate the individual's age of first use/intoxication and how substance was taken (if applicable) of the Primary, Secondary (if applicable), and Tertiary (if applicable) substance(s).

Substance	Age of First Use/ Intoxication	How usually taken (mark only one)
Alcohol	<input type="text"/> <input type="text"/>	N/A
Marijuana/Hashish	<input type="text"/> <input type="text"/>	N/A
Cocaine/Crack	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Methamphetamine	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Heroin	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Opiates/Opioids	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Non-Prescription Methadone	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
PCP-phencyclidine	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Hallucinogens	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Amphetamines	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Stimulants	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Benzodiazepine	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Non-Benzodiazepine Tranquilizers	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Barbiturates	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Non-Barbiturate Sedatives or Hypnotics	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Inhalants	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Over-the-Counter	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Drug	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other

Begin Interview

14. Are you of Hispanic, Latino, or Spanish origin?

☐ Y ☐ N → (skip to 15)

b. If **yes**, please specify origin:

- ☐ Hispanic, Mexican American
- ☐ Hispanic, Puerto Rican
- ☐ Hispanic, Cuban
- ☐ Hispanic, Other

15. Which of these groups best describes you?

- ☐ African American/Black ☐ Alaska Native
- ☐ White/Anglo/Caucasian ☐ Asian
- ☐ Multiracial ☐ Pacific Islander
- ☐ American Indian/Native American ☐ Other

16. What kind of health/medical insurance do you have? (mark all that apply)

- ☐ None ☐ Medicaid
- ☐ Private insurance/health plan ☐ Medicare
- ☐ CHAMPUS or CHAMPVA ☐ Other
- ☐ Health Choice ☐ Unknown

17. What is the highest grade you completed or degree you received in school?

- ☐ Grade K, 1, 2, 3, 4, or 5 ☐ 2-year college/assoc. degree
- ☐ Grade 6, 7, or 8 ☐ 4-year college degree
- ☐ Grade 9, 10, 11, or 12 ☐ Graduate work, no degree (no diploma)
- ☐ HS diploma/GED ☐ Professional degree or more
- ☐ Some college or technical/vocational school

18. Are you currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)

- ☐ Y ☐ N → (skip to 21)
- b. If **yes**, what programs are you currently enrolled in for credit? (mark all that apply)
- ☐ Alternative Learning Program (ALP)- at-risk students
- ☐ Academic schools (K-12) outside standard classroom
- ☐ Technical/Vocational school
- ☐ College
- ☐ GED Program, Adult literacy

19. For K-12 only:

- a. What grade are you currently in?
- b. For your most recent reporting period, what grades did you get most of the time? (mark only one)
- ☐ A's ☐ B's ☐ C's ☐ D's ☐ F's ☐ School does not use traditional grading system
- c. If school does not use traditional grading system, for your most recent reporting period, did you pass or fail most of the time? ☐ Pass ☐ Fail

20. For K-12 only: In the past 3 months, how many days of school have you missed due to...

- a. Expulsion
- b. Out-of-school suspension
- c. Truancy
- d. Are you currently expelled from regular school?
- ☐ Y ☐ N

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21. In the past 3 months, what best describes your employment status? (mark only one)

- ☐ Full-time work (working 35 hours or more a week) → (skip to b & c)
- ☐ Part-time work (working less than 35 hours a week) → (skip to b & c)
- ☐ Unemployed (seeking work or on layoff from a job) → (skip to 22)
- ☐ Not in labor force (not seeking work) → (skip to d & e)

b. Is this work transitional employment? ☐ Y ☐ N

c. Is this work supported employment? ☐ Y ☐ N

d. If *not seeking work*, what best describes your current status? (mark only one)

- ☐ Homemaker ☐ Incarcerated (juvenile or adult)
- ☐ Student ☐ Institutionalized facility)
- ☐ Retired ☐ None of the above
- ☐ Chronic medical condition which prevents employment

e. If *not seeking work*, what best describes your current activities? (mark all that apply)

- ☐ Community service (court-related)
- ☐ Structured day activity
- ☐ Unpaid vocational rehab
- ☐ Volunteer activity
- ☐ Hobbies/Social activities
- ☐ Other
- ☐ No activity

22. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?

- ☐ Never
- ☐ A few times
- ☐ More than a few times

23. For Adult MH individual:

Do you have a designated payee? ☐ Y ☐ N

24. For Adult MH individual:

Do you have a legal guardian? ☐ Y ☐ N

25. What is your current marital status? (include same sex partnerships as living as married)

- ☐ Married ☐ Separated
- ☐ Living as married ☐ Widowed
- ☐ Divorced ☐ Never been married

26. In the past year, how many times have you moved residences? → (if none, skip to 27)

b. What was the reason(s) for your most recent move? (mark all that apply)

- ☐ Moved closer to family/friends
- ☐ Moved in with roommate
- ☐ Moved to nicer location
- ☐ Moved to safer location
- ☐ Needed more supervision
- ☐ Needed more supports
- ☐ Moved to location with more independence
- ☐ Moved to location with better access to activities and/or services
- ☐ Evicted
- ☐ Could no longer afford previous location
- ☐ Other

27. In the past 3 months, where did you live most of the time?

- ☐ Homeless → (skip to b) ☐ Residential program → (skip to e)
- ☐ Temporary housing → (skip to c) ☐ Facility/institution → (skip to f)
- ☐ Private or permanent residence → (skip to d) ☐ Other → (skip to 28)

b. If *homeless*, please specify your living situation most of the time in the past 3 months.

- ☐ Sheltered (homeless shelter)
- ☐ Unsheltered (on the street, in a car, camp)

c. If *temporary housing*, please specify the type of temporary housing you lived in most of the time in the past 3 months.

- ☐ Transitional housing (time-limited stay)
- ☐ Living temporarily with other(s)

d. If *private residence*, please specify the type of residence you lived in most of the time in the past 3 months.

- ☐ Self-owned
- ☐ Rent with rental assistance
- ☐ Rent without rental assistance
- ☐ Other

d-2. Does someone help you with daily living activities or provide other supports so that you can remain in your own home? ☐ Y ☐ N

e. If *residential program*, please specify the type of residential program you lived in most of the time in the past 3 months.

- ☐ Alternative family living
- ☐ Group home
- ☐ Residential treatment center
- ☐ Licensed supervised apartment
- ☐ Family care home
- ☐ Halfway house (for Adult SA individual only)

f. If *facility/institution*, please specify the type of facility you lived in most of the time in the past 3 months.

- ☐ Public institution
- ☐ Private institution
- ☐ Adult care home/assisted living
- ☐ Nursing facility
- ☐ Correctional facility

28. In the past 3 months, who did you live with most of the time? (mark all that apply)

- ☐ Lived alone ☐ Sibling(s)
- ☐ Spouse/partner ☐ Other relative(s)
- ☐ Child(ren) ☐ Guardian
- ☐ Parent(s) ☐ Friend(s)/roommate(s)
- ☐ Grandparent(s) ☐ Other
- ☐ Foster family

29. Do you have an identified public or private primary health care provider? ☐ Y ☐ N → (skip to 30)

b. When was the last time you saw this provider?

- ☐ Within the past year
- ☐ Within the past 2 years
- ☐ Within the past 5 years
- ☐ More than 5 years ago

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30. Females only: Are you currently pregnant?

☐ Y ☐ N ☐ Unsure
(skip to 31) (skip to 31)

b. How many weeks have you been pregnant?

c. Have you been referred to prenatal care? ☐ Y ☐ N

d. Are you receiving prenatal care? ☐ Y ☐ N

31. Do you have children under the age of 18?

☐ Y ☐ N → (skip to 33)

b. Do you have legal custody of all, some, or none of your children?

☐ All → (skip to e) ☐ Some ☐ None

c. Does DSS have legal custody of all, some, or none of your children?

☐ All → (skip to 32) ☐ Some ☐ None

d. Are you currently seeking legal custody of all, some or none of your children? ☐ All ☐ Some ☐ None

e. Are all, some, or none of the children in your legal custody receiving preventive and primary health care?

☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)

f. How many of the children in your legal custody have been screened for mental health and/or substance abuse prevention or treatment services? ☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)

32. In the past year, have you been investigated by DSS for child abuse or neglect? ☐ Y ☐ N → (skip to 33)

b. For Adult SA individual:

Was the investigation due to an infant testing positive on a drug screen? ☐ Y ☐ N ☐ NA

33. Was your admission to treatment required by Child Welfare Services of DSS? ☐ Y ☐ N

34. In the past 3 months, how often did you participate in ...

a. positive community/leisure activities?

☐ Never ☐ A few times ☐ More than a few times

b. recovery-related support or self-help groups?

☐ Never ☐ A few times ☐ More than a few times

c. organized religious activities?

☐ Never ☐ A few times ☐ More than a few times

35. Please mark the frequency of use for each substance in the past 12 months and past month.

Substance	Past 12 Months - Frequency of Use					Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use (any tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use (≥5(4) drinks per sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than heavy alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hashish use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine or crack use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates/opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drug use <input type="text"/> <input type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Drug Codes

5=Non-prescription Methadone

7=PCP

8=Other Hallucinogen

9=Methamphetamine

10=Other Amphetamine

11=Other Stimulant

12=Benzodiazepine

13=Other Tranquilizer

14=Barbiturate

15=Other Sedative or Hypnotic

16=Inhalant

17=Over-the-Counter

22=OxyContin (Oxycodone)

29=Ecstasy (MDMA)

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36. In the past month, how many cigarettes did you smoke per day, on average? (enter 0, if none) <input type="text"/> <input type="text"/>	43. Have you ever been forced or pressured to do sexual acts? <input type="checkbox"/> Y <input type="checkbox"/> N → (skip to 44) <input type="checkbox"/> Deferred → (skip to 44) b. What is the most recent time that you have been forced or pressured to do sexual acts? <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> Within the past year <input type="checkbox"/> Within the past 5 years <input type="checkbox"/> More than 5 years ago
37. For Adult SA individual: How long have you been abstinent from alcohol or other drugs at this time? (do not include nicotine or tobacco products) (enter 0 if not abstinent) <input type="text"/> <input type="text"/> <input type="checkbox"/> Days <input type="checkbox"/> Mos. <input type="checkbox"/> Wks. <input type="checkbox"/> Yrs.	44. In the past 3 months, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)? <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times
38. For Adult SA individual: What is the longest, uninterrupted period you have ever maintained abstinence from alcohol or other drugs since you started using regularly? (do not include nicotine or tobacco products) <input type="text"/> <input type="text"/> <input type="checkbox"/> Days <input type="checkbox"/> Mos. <input type="checkbox"/> Wks. <input type="checkbox"/> Yrs.	45. In your lifetime, have you ever attempted suicide? <input type="checkbox"/> Y <input type="checkbox"/> N
39. For Adult SA individual: Have you ever used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons? <input type="checkbox"/> Y <input type="checkbox"/> N → (skip to 40) <input type="checkbox"/> Deferred → (skip to 40) b. What is the most recent time that you ever used a needle in that way? <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> Within the past year <input type="checkbox"/> Within the past 5 years <input type="checkbox"/> More than 5 years ago	46. In the past 3 months, how often have you had thoughts of suicide? <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times
40. Have you ever participated in any of the following activities without a condom being used? had sex with someone who was <u>not your spouse or primary partner</u> [or] <u>knowingly</u> had sex with someone who injected drugs [or] traded, gave, or received sex for drugs, money, or gifts? <input type="checkbox"/> Y <input type="checkbox"/> N → (skip to 41) <input type="checkbox"/> Deferred → (skip to 41) b. What is the most recent time that you did any one of these activities? <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> Within the past year <input type="checkbox"/> Within the past 5 years <input type="checkbox"/> More than 5 years ago	47. For Adult SA individual: In the past 3 months, how often have you used faith, prayer, religious or other spiritual involvement to help you with daily living? <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times
41. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt? <input type="checkbox"/> Never → (skip to 42) <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times <input type="checkbox"/> Deferred → (skip to 42) b. By whom were you physically hurt? (mark all that apply) <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Other adult <input type="checkbox"/> Parent <input type="checkbox"/> Other child <input type="checkbox"/> Sibling <input type="checkbox"/> Gang member(s) <input type="checkbox"/> Your child	48. For Adult SA individual: In your lifetime, how many times have you been arrested or had a petition filed for adjudication for any offense including DWI? <input type="text"/> <input type="text"/> (enter 0 if none and skip to 51) b. In your lifetime, how many times have you been arrested for a misdemeanor offense including DWI? <input type="text"/> <input type="text"/> c. In your lifetime, how many times have you been arrested for a felony offense? <input type="text"/> <input type="text"/>
42. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone? <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times <input type="checkbox"/> Deferred	49. For Adult MH individual: In the past year, how many times have you been arrested or had a petition filed for adjudication for any offense including DWI? <input type="text"/> <input type="text"/> (enter 0 if none and skip to 51)
	50. In the past month, how many times have you been arrested or had a petition filed for adjudication for any offense including DWI? <input type="text"/> <input type="text"/> (enter 0 if none and skip to 51) b. In the past month, how many times have you been arrested for a misdemeanor offense including DWI? <input type="text"/> <input type="text"/> c. In the past month, how many times have you been arrested for a felony offense? <input type="text"/> <input type="text"/>
	51. Are you currently under any type of correctional supervision? (adult or juvenile system) <input type="checkbox"/> Y <input type="checkbox"/> N
	52. Is your admission to treatment required by the courts or the criminal or juvenile justice system? <input type="checkbox"/> Y <input type="checkbox"/> N

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53. For Adult SA individual:

In the 3 months prior to your current admission, how many weeks were you enrolled in substance abuse treatment (not including detox)? (enter 0, if none)

54. In the past 3 months, approximately how many...

- a. telephone contacts to an emergency crisis facility did you have?
- b. face-to-face contacts to an emergency crisis facility or mobile crisis unit did you have?
- c. visits to a hospital emergency room did you have?
- d. nights in a facility-based crisis service did you spend?
- e. nights in an ADATC did you spend?
- f. nights in facility-based respite did you spend?
- g. admissions to a detox facility did you have?
- h. nights in an inpatient facility for mental health treatment did you spend?
- i. nights in an inpatient facility for substance abuse treatment did you spend?
- j. nights in a medical/surgical hospital did you spend? (excluding birth delivery)
- k. nights homeless did you spend? (sheltered or unsheltered)
- l. nights in detention, jail, or prison did you spend? (adult or juvenile system)

55. In your lifetime, approximately how many prior admissions (not including this admission) to...

- a. outpatient mental health treatment have you had?
- b. outpatient substance abuse treatment have you had?
- c. a detox facility have you had?
- d. an inpatient hospital or residential facility for mental health treatment have you had?
- e. an inpatient hospital or residential facility for substance abuse treatment have you had?

56. How many active, stable relationship(s) with adult(s) who serve as positive role models do you have? (i.e., member of clergy, neighbor, family member, coach)

- ☐ None ☐ 1 or 2 ☐ 3 or more

57. How supportive do you think your family and/or friends will be of your treatment and recovery efforts?

- ☐ Not supportive
☐ Somewhat supportive
☐ Very supportive
☐ No family/friends

58. How well have you been doing in the following areas of your life in the past year?

- | | Excellent | Good | Fair | Poor |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Emotional well-being | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Relationships with family or significant others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

59. Did you receive a list or options, verbal or written, of places to receive services?

- ☐ Yes, I received a list or options
☐ No, I came here on my own
☐ No, nobody gave me a list or options

60. Was your first service in a time frame that met your needs?

- ☐ Y ☐ N

61. Did you have difficulty entering treatment because of problems with... (mark all that apply)

- ☐ No difficulties prevented you from entering treatment
- ☐ Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
- ☐ Active substance abuse symptoms (addiction, relapse)
- ☐ Physical health problems (severe illness, hospitalization)
- ☐ Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
- ☐ Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
- ☐ Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
- ☐ Cost or financial reasons (no money for cab, treatment cost)
- ☐ Stigma/Embarrassment
- ☐ Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.)
- ☐ Language or communication issues (foreign language issues, lack of interpreter, etc.)
- ☐ Legal reason (incarceration, arrest)
- ☐ Transportation/Distance to provider
- ☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)

NC-TOPPS Mental Health and Substance Abuse

Adult (Ages 18 and up) Initial Interview

****Use this form for backup only. Do not mail. Enter data into web-based system. (<https://nctopps.ncdmh.net>)**

62. How important to you now is help or services in any of the following areas?

	Not Important	Somewhat Important	Very Important	NA
a. Educational improvement_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Finding or keeping a job_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Food_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Transportation_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Child care_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Family and/or peer relationships_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Medical care_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Psychological/emotional care_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Legal issues_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Interpreter (deaf or foreign language)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Tobacco use cessation_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Appropriate living setting_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Crisis services_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Cessation of alcohol/drugs_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Management of finances_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Housing (basic shelter or rent subsidy)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

63. In the past month, how would you describe your mental health symptoms?

- ☐ Extremely Severe
☐ Severe
☐ Moderate
☐ Mild
☐ Not present

64. For Adult SA individual:

Does the consumer have a current written consent in her/his consumer record for the DMHDDSAS to share NC-TOPPS Interviews with the consumer's assigned LME in accordance with 42 CFR, Part 2, HIPAA and NC Statute? ☐ Y ☐ N

End of interview

Enter data into web-based system:

<https://nctopps.ncdmh.net>

Do not mail this form

Attachment I:

DSM-IV TR Diagnositic Classifications

Childhood Disorders

- ☐ Learning Disorders (315.00, 315.10, 315.20, 315.90)
- ☐ Motor skills disorders (315.40)
- ☐ Communication disorders (307.00, 307.90, 315.31, 315.39)
- ☐ Childhood disorders-other (307.30, 309.21, 313.23, 313.89, 313.90)
- ☐ Mental Retardation (317, 318.00, 318.10, 318.20, 319)
- ☐ Autism and pervasive development (299.00, 299.10, 299.80)
- ☐ Attention deficit disorder (314.xx, 314.90)
- ☐ Conduct disorder (312.80)
- ☐ Disruptive behavior (312.90)
- ☐ Oppositional defiant disorder (313.81)

Substance-Related Disorders

- ☐ Alcohol abuse (305.00)
- ☐ Alcohol dependence (303.90)
- ☐ Drug abuse (305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- ☐ Drug dependence (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90)

Schizophrenia and Other Psychotic Disorders

- ☐ Schizophrenia and other psychotic disorders (293.xx, 295.xx, 297.10, 297.30, 298.80, 298.90)

Mood Disorders

- ☐ Dysthymia (300.40)
- ☐ Bipolar disorder (296.xx)
- ☐ Major depression (296.xx)

Anxiety Disorders

- ☐ Anxiety disorders (other than PTSD) (293.89, 300.00, 300.01, 300.02, 300.21, 300.22, 300.23, 300.29, 300.30, 308.30)
- ☐ Posttraumatic Stress Disorder (PTSD) (309.81)

Adjustment Disorders

- ☐ Adjustment disorders (309.xx)

Personality, Impulse Control, and Identity Disorders

- ☐ Personality disorders (301.00, 301.20, 301.22, 301.40, 301.50, 301.60, 301.70, 301.81, 301.82, 301.83, 301.90)
- ☐ Impulse control disorders (312.31, 312.32, 312.33, 312.34, 312.39)
- ☐ Sexual and gender identity disorders (302.xx, 306.51, 607.84, 608.89, 625.00, 625.80)

Delerium, Dementia, & Other Cognitive Disorders

- ☐ Delirium, dementia, and other cognitive disorders (290.xx, 290.10, 293.00, 294.10, 294.80, 294.90, 780.09)

Disorders Due to Medical Condition and Medications

- ☐ Mental disorders due to medical condition (306, 316)
- ☐ Medication induced disorders (332.10, 333.10, 333.70, 333.82, 333.90, 333.92, 333.99, 995.2)

Somatoform, Eating, Sleeping & Factitious Disorders

- ☐ Somatoform, eating, sleeping, and factitious disorders (300.xx, 300.11, 300.70, 300.81, 307.xx)

Dissociative Disorders

- ☐ Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.60)

Other Disorders

- ☐ Other mental disorders (Codes not listed above)
- ☐ Other clinical issues (V-codes)